**Immunization Education Update
For Physicians and Staff**

Coding for Childhood Immunizations

2023 Update for Pediatric Offices

Updated March 2023

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Disclosure

This presentation will not include discussion of pharmaceuticals or devices that have not been approved by the FDA or unapproved for "off-label" uses of pharmaceuticals or devices.

In accordance with ACCME* and ANCC-COA* Standards, I am required to disclose any real or apparent conflict(s) of interest to the content of this presentation.

I have nothing to disclose.

*

Goals & Objectives

- Discuss ICD-10 Diagnosis Codes applicable to vaccines and immunization

- Recall Current Procedural Terminology and International Classification of diseases, 10th Revision ICD-10

- Improve coding accuracy

- Discuss documentation requirements for Coding of Immunizations

Importance of Accurate Vaccine Coding

- Allows possibility for increased/appropriate payment

- Decreases provider/practice cost and liability

- Improves information flow

- Correct coding is the right thing to do!

Components of Immunization Services

Two distinct families of CPT codes

The vaccine product
- Practice costs

The administration (services)
- Physician work
- Practice expense
- Professional liability

Coding the Vaccine Product

- CPT codes 90476-90748 used to report the specific vaccine/toxoid product only

- Codes are specific to product manufacturer and brand, specific schedule (number of doses or timing), chemical formulation, dosage, age guidelines and/or route of administration

Coding the Vaccine Product

Report the <u>exact</u> vaccine product administered

- 90743 (*Hepatitis B, adolescent, 2 dose, for IM use*) versus 90744 (*Hepatitis B, pediatric/adolescent, 3 dose, for IM use*)

- **90686** (QIV Preservative free, Influenza vaccine split preservative free), **90672** (Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal), **90682** (FluBlok, Influenza, recombinant, quadrivalent, injectable, preservative free)

Coding the Vaccine Product

- Codes for combination vaccines are available, as well as separate codes for single component vaccines:
  - 90707 (measles, mumps and rubella/MMR)
  - 90705 (measles vaccine)

- Do not code each component of a combination vaccine using separate codes when a combination vaccine is used

New Vaccines/Toxoids

- New vaccine product codes are published prior to FDA approval
  - Appear in CPT with lightning bolt symbol
  - Symbol removed when vaccine has been approved
  - Revised codes with implementation dates on website
- AMA website includes up-to-date information and updates

Immunization Administration (IA)

- Includes 2 families of codes:

  - Codes 90460 and 90461

  - Codes 90471 – 90474

Immunization Administration

90460
- Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered.

90461
- Each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure).

Reporting Guidelines
90460 and 90461

- Physician or qualified healthcare professional ***must*** provide ***face-to-face*** vaccine counseling for the patient/family (patient aged 18 or under) ***on the day*** the vaccine is administered and medical record documentation ***must*** support that physician or other qualified health care professional personally provided the vaccine counseling (each component/antigen)

- Reported in addition to every vaccine/toxoid code(s) 90476–90749 reported

Other Qualified Healthcare Professional (OQHCP) Defined

An "other qualified healthcare professional" is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.

Reporting Guidelines 90460 and 90461

- Code 90460 is reported for the *1st or only component of each vaccine* administered on a day of service
  - single or combination vaccine

- Code 90461 reported in addition to 90460 for *each additional component* in a combination vaccine

"component" = each antigen in a vaccine that prevents disease(s) caused by one organism; conjugates or adjuvants are not considered to be components

combination vaccines = vaccines that contain multiple vaccine components (antigens)

Vaccine Components

Vaccine = components	IA Codes
HPV = 1 component	90460
Influenza = 1 component	90460
Td = 2 components	90460 and 90461
DTaP or Tdap = 3 components	90460 and 90461 x 2 units
DTaP-IPV or MMRV = 4 components	90460 and 90461 x 3 units
DTaP-Hib-IPV = 5 components	90460 and 90461 x 4 units

CPT Codes 90471-90474

90471
- Immunization administration (percutaneous, intradermal, subcutaneous, intramuscular); one vaccine (single or combination vaccine/toxoid)

90472
- Each additional injected vaccine (single or combination)

90473
- Immunization administration by intranasal or oral route; one vaccine (single or combination)

90474
- Each additional intranasal or oral route; one vaccine (single or combination)

Reporting Guidelines
90471-90474

- Codes 90471-90474 are reported
  - When physician or other QHCP *does not* perform the vaccine counseling to the patient/family or *does not* document that counseling was personally performed on a patient 18 years of age or younger
  - When patient is *19 years* of age or older

Reporting Guidelines
90471-90474

- Reported in addition to the vaccine/toxoid code(s) 90476–90749

- Reported for *each* vaccine administered

- *Only one* "first" immunization administration (90471 or 90473) code is reported *per* day of service
  - "First" vaccine can be reported from either route of administration

Criteria for Reporting

Dolan, Becky, MPH, CPC, PCEDC. Illinois Chapter, AAP. Coding for Immunization Practices, July 14, 2016.
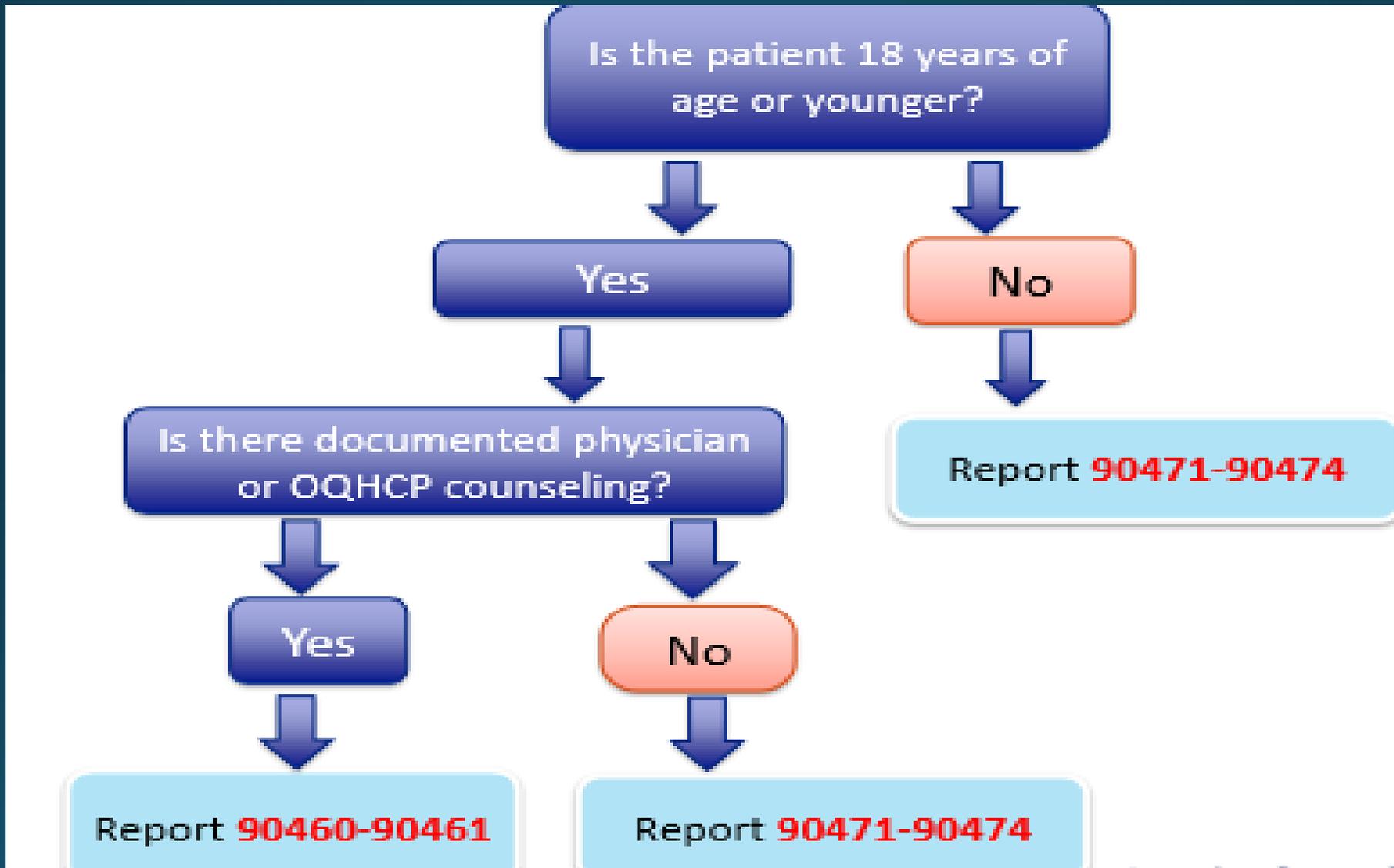
Evaluation & Management (E/M) Visit with IA

- Separate from vaccine products and their administration

- Must be <u>significant</u>, <u>separately identifiable</u>, & <u>medically indicated</u> and must be <u>documented</u> in the medical record

- Append modifier 25 to the E/M (eg, well visit, sick visit) code if payers follow Medicare NCCI edits

Putting the Rules into Practice

A 4-month-old established patient receives diphtheria, tetanus, acellular pertussis, haemophilus influenza Type B and poliovirus (DTaP-Hib-IPV) vaccine (90698), rotavirus vaccine (90680/90681), and pneumococcal conjugate vaccine (90670) at her preventive medicine visit;

The physician counsels the parent on all vaccines, discusses risk associated with each disease, and benefits of…

What would you report?

You Would Report…

ICD-10-CM	CPT
Z00.129 (routine infant or child check without abnormal findings) Z23 (encounter for immunization)	99391 25 (preventive medicine visit; younger than 1 year) 90698 (DTaP-Hib-IPV) 90680 (RV5) 90670 (PCV) 90460 x 3 Immunization administration through 18 years of age, counseling by physician; first or only component of vaccine……. **Diphtheria, Rotavirus, Pneumococcal** 90461 x 4 each additional component **tetanus, pertussis, H. influenza, inactivated polio**

Putting the Rules into Practice

A 12 year-old established patient is seen for her preventive medicine visit. Two combination vaccines were administered. OQHCP with her own provider number documents that she personally counseled the family/patient on one combination vaccine.

What would you report?

You Would Report…

ICD-10-CM	CPT
Z00.129 (routine infant or child check without abnormal findings)

Z23 (encounter for immunization) | 99384 Preventive medicine visit new or 99394 Preventive medicine visit established patient with modifier 25

First combination vaccine product code 90460

90461 with # units

Second combination vaccine product code

90472 each additional injected vaccine |

Putting the Rules into Practice

12 year old new patient is seen with complaints of backache during the last week. The meningococcal and Tdap (tetanus, diphtheria, and acellular pertussis) vaccines are administered. She is to receive the injectable influenza vaccine but mother decides to wait until next week for administration.

Immunization counseling is performed and documented by the physician on all 3 vaccines and 2 vaccines are administered.

How do you report these services?

You Would Report…

ICD-10-CM	CPT	
Z23 (encounter for immunization)	9920x 25 patient	Office/outpatient E/M, new
	90734	Meningococcal(A,C,W,Y) vaccine
	90715	Tdap
	90460 x2	Immunization administration, first component
	90461 x2	Each additional component

The influenza vaccine and administration are not reported until administered

Reporting the Deferred Immunization (when administered)

- You would report
  - 90686 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
  - 90471 Immunization administration (Includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

Diagnosis Coding Rules

Service	ICD-10-CM
Well visit, vaccines, and IA	Z00.121, Z00.129, Z00.110 or Z00.111 w/ each service
Well visit Vaccines and IA	Z00.121, Z00.129, Z00.110 or Z00.111 Z00.121, Z00.129, Z00.110 or Z00.111and Z23
Well visit Vaccines and IA	Z23

Diagnosis Coding Rules

Service	ICD-10-CM
New or established patient - 25 Vaccines	Specific to problem Z23
IA	Z23

What About When The Parent Refuses Vaccines and No Vaccine is Administered?

Even after continued discussion, some parents may still refuse vaccines.

- Document counseling, including time spent!
- Explain current recommendations, safety of vaccines, efficacy, importance of vaccines, repercussions of not being vaccinated, etc.
- Have the parent sign a Refusal to Vaccinate form, noting each vaccine being refused

How to Code Counseling
When No Vaccine is Administered

Scenario 1

A 2-month old patient is brought in by her parents for her check-up. The patient received her Hepatitis B vaccine at birth, but since then the parents have refused vaccines. At the well-exam, the pediatrician takes the time to review what is needed and the importance of vaccines. He answers their questions and provides them with educational information on the safety of vaccines. The parents wish to defer a little longer. The baby is healthy. The physician documents 8 minutes of vaccine counseling. What can be coded?

How to Code Counseling
When No Vaccine is Administered

ICD-10-CM	CPT
Z00.129 Well child exam	**99391** Preventive medicine service, < 1 year
Z71.89 Other specified counseling	
Z28.82 Immunization not carried out because of caregiver refusal	

Teaching Point: You cannot code separately for the vaccine counseling during the well child exam due to CPT rules. The counseling is considered part of the well child exam. You would use the ICD codes for parental refusal and counseling

How to Code Counseling
When No Vaccine is Administered

Scenario 2

Parents of an established 6-week-old patient are reluctant to immunize their infant. During an encounter to address parent concerns about diaper rash, the physician spends an additional 10 minutes counseling the parents about current recommendations, safety of vaccines, efficacy, and the importance of vaccines. The parents refuse vaccines during this visit but are going to think about their decision. The physician documents the parents' concerns and responses to the concerns, recommendations and resources provided, and plan for follow-up at the upcoming 2-month well-child visit. The time spent in vaccine counseling is also specifically documented (eg, "Spent 10 minutes discussing parents' concerns about immunization"). Assuming that the history, examination, and medical decision making to address the diaper rash support a **99212**-level E/M service, the following codes may be reported for this encounter:

How to Code Counseling When No Vaccine is Administered

ICD-10-CM	CPT
L22 Diaper Rash	**99212 25**
Z71.89 Other specified counseling **Z28.82** Immunization not carried out because of caregiver refusal	**99401** Preventive medicine counseling, 15 mins

Teaching Point: Modifier **25** is appended to the problem-oriented E/M code (**99212**) as directed by the prefatory language for codes **99401–99429**. Counseling on vaccines provided by a physician or other QHCP (eg, physician assistant, nurse practitioner) is not separately reported when vaccines are administered at the same encounter. See codes **90460–90461** to report counseling

Other Important ICD Codes

Diagnosis	ICD-10-CM
Under immunized - A status code is informative, because the status may affect the course of treatment and its outcome. Report when this is the case.	Z28.3
Vaccination not carried out	Z28.x
….due to acute illness	Z28.01
….due to chronic illness or condition	Z28.02
….due to allergy to vaccine or components	Z28.04
….due to caregiver refusal	Z28.82
….due to patient refusal	Z28.21
….due to patient had disease being vaccinated against	Z28.81
….due to religious reasons	Z28.1
….due to unspecified reason	Z28.20

Medicare NCCI Edits

Change in coding for vaccine administration affects code 90460 and 90461.

Medically unlikely edits (MUEs) are the daily limit placed by CMS to reduce the likelihood of coding errors. MUEs are part of the NCCI edit system.

Billing Tips for Health Check Services

- Codes 90471-90474 must be used when face-to-face physician/OQHCP counseling is not performed and documented

- Report 90472 or 90474 in addition to 90471 or 90473 if more than one vaccine is administered during a visit when face-to-face physician/OQHCP counseling is not performed and documented

- Report 90460 for the first (i.e., counseled) vaccine and 90472 or 90474 for the second (i.e., non-counseled) vaccine

Billing Tips for Health Check Services - 19-20 year olds

- EPSDT providers may bill the EPSDT benefit for vaccines administered to members nineteen (19) years of age through twenty (20) years of age
- Must use private stock – not VFC

Report the vaccines:

- CPT code
- NDC number
- Diagnosis code with the appropriate vaccine administration code(s):

-90471, 90472, 90473, 90474.

Billing Tips for Health Check Services

- Code the vaccine administration with the appropriate vaccine administration code and the EP modifier

- Code the vaccine product code, the associated diagnosis code and the EP modifier

- The primary vaccine (90471, 90473) or primary vaccine/toxoid component (90460) must precede the reporting of the additional vaccine (90472, 90474) or additional vaccine/toxoid component (90461), if applicable

Billing Tips for Health Check Services

- Vaccine product code must immediately follow the corresponding vaccine administration code

- Code the vaccine administration code(s), the vaccine product code(s), and the preventive or interperiodic visit on the same claim when vaccines are administered during the visit.

Billing Tips for Health Check Services

- Each vaccine administration code should be listed only one time per claim. If multiple vaccine product codes correspond to the same vaccine administration code, the vaccine administration code is listed once with the appropriate number of units indicated.

Billing Tips for Health Check Services

- 90460 may be reported for more than one (1) unit of vaccine administered during a single office visit

- ICD-10 diagnosis codes Z00.121 or Z00.129 must be used

Billing Tips for Health Check Services

- Use the appropriate vaccine diagnosis code (see Appendix C-2 for specific diagnosis codes) with the vaccine administration code when the vaccine is administered outside of the EPSDT preventive health visit

- Code the EPSDT preventive visit (9938x or 9939x) with the EP and the 25 modifiers when vaccines are administered during the preventive health visit

- ICD10 has only 1 diagnosis code for all vaccines, no matter what vaccine is administered. Z23

Billing Tips for Health Check Services

- Code the EPSDT interperiodic visits (99202-99205 or 99212-99215) with the EP and the 25 modifiers when vaccines are administered during the interperiodic health visit

- 99202-99205 and 99212-99215 are considered E & M codes for evaluation and management of a problem.

- Wellness / EPSDT coding would be 99381-99385 and 99391-99395. If it is an interperiodic healthcheck the HA modifier must be applied.

- The National Correct Coding Initiative (NCCI) does not allow reimbursement of the 99211 code when it is billed together with any of the vaccine administration codes regardless of whether the 25 modifier is appended to the 99211 code

Vaccine Coding Update

- Codes 90655-90658, 90661, and 90685-90688 are revised to include dosage rather than age in their descriptors.

- The descriptor for code 90661 is also revised to include trivalent to differentiate this vaccine from a quadrivalent product.

Coding for COVID-19 Services

- Ever changing – current AAP and AMA coding resources include:

- file:///C:/Users/BCBA%201/Downloads/COVID-19%20Vaccine%20Coding%20Chart.pdf

- https://www.ama-assn.org/find-covid-19-vaccine-codes

Billing for COVID-19 Services

Billing:

- You may bill for vaccine administration (Commercial, Medicaid, Medicare)
- Differentiate Pediatric from Adult (6 months and up) doses
- Currently, no balance billing – do not bill patient
- Public Health Emergency is set to expire @ 11:59pm on May 11, 2023

Check with the patient's insurance carrier if you have questions.

Reimbursement for COVID-19 vaccines

COVID-19 Vaccine Administration Fee Increase - the Georgia Department of Community Health the COVID-19 vaccine administration fee ==is now $40.00 per dose== for category of services: outpatient hospital, physician, physician assistant, midwife nurse, FQHCs, hospital-based rural health center, freestanding rural health center, advanced nurse practitioner, and diagnostic screening & preventative services.

COVID-19 Vaccine Interim COVID-19 Immunization Schedule for Persons 6 Months of Age and Older

https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf

Vaccine Name	Vaccine Description	Administration Code	Administration Description	DCH FFS Reimbursement
Pfizer: For pediatric patients aged 6-months through 4-years				
Pfizer-BioNTech COVID-19 Vaccine	91308 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	0081A (1st dose) 0082A (2nd dose) 0083A (3rd dose)	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	1st dose: $40 2nd dose: $40 3rd dose: $40
Moderna: For pediatric patients aged 6-months through 5-years				
Moderna COVID-19 Vaccine	91311Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative-free, 25 mcg/0.25 mL dosage, for intramuscular use	0111A (1st dose) 0112A (2nd dose)	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus (SARS-Co-V-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage	1st dose: $40 2nd dose: $40

GA Medicaid FFS – COVID-19 Vaccine Billing – Update

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Effective September 1, 2022: The booster dose of the Moderna COVID-19 vaccine, bivalent is approved for individuals 18 years of age and older. The booster dose of the Pfizer-BioNTech COVID-19 vaccine, bivalent is approved for individuals 12 years of age and older.

BIVALENT COVID-19 vaccines that are eligible for provider administration reimbursement: *See table

HCPCS	HCPCS Descriptor	Labeler Name	Age	Max Fee	NDC	Effective Date
91312	SARSCOV2 VAC BVL 30MCG/0.3M	Pfizer	Aged 12 years and older	$0.00	59267-0303-01 59267-1404-01	8/31/2022
0124A	ADM SARSCV2 BVL 30MCG/.3ML Booster Dose	Pfizer	Aged 12 years and older	$40.00	N/A	8/31/2022
91313	SARSCOV2 VAC BVL 50MCG/0.5ML	Moderna	Aged 18 years and older	$0.00	80777-0282-05	8/31/2022
0134A	ADM SARSCV2 BVL 50MCG/.5ML Booster Dose	Moderna	Aged 18 years and older	$40.00	N/A	8/31/2022

COVID-19 Vaccine & Administrative Codes

Revised 01/01/2023

- [PADL COVID-19 Vaccines Admin - January 2023.pdf](#)

COVID-19 Vaccines & Administration Codes

Revised: January 1, 2023

****Submit claim for administration fee with the appropriate vaccine CPT Code (See NOTE tab for additional instructions)****

Novavax Booster 10/22

- 91304 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use

- 0041A (1st Dose) 0042A (2nd Dose) 12 years and older Novavax, Inc Novavax COVID-19 Vaccine 80631

- *0044A (Booster) 18 years and older Novavax, Inc Novavax COVID-19 Vaccine 80631

- Appendix Q: COVID-19 Vaccines (ama-assn.org)

Preventive Medicine Counseling Code

Subject Preventive Medicine Counseling Code 99401

Message

Dear Providers:

Effective July 1, 2021, the Department of Community Health (DCH) updated the Georgia Medicaid Management Information System (GAMMIS), with the following procedure code 99401: Preventive Medicine Counseling. Opening of code 99401 will allow existing providers to counsel patients on the benefits of COVID-19 vaccination.

If you billed claims with procedure code 99401 that were affected by this implementation and your claims denied, the Department of Community Health (DCH) and Gainwell Technologies will reprocess these claims automatically.

Procedure Code	Description	Reimbursement
99401	Preventive Medicine Counseling	$28.29

For other questions, please contact the Gainwell Technologies Call Center at (770) 325-9600 or contact us at www.mmis.geogia.gov.

We apologize for any inconvenience this may have caused your facility. Thank you for your continued participation in the Georgia Medicaid program.

Effective Date 09/24/2021

Sent Date 09/24/2021

Medicaid Fee Schedules & Opened Codes

- CMS approves State Plan Amendments (SPA) submitted by Ga Dept. of Community Health. While the CMOs have been paying these increases, Medicaid Fee for Service (FFS) has not; impacted claims will now be reprocessed by FFS:
  - E&M codes 1% increase
  - Increase to Medicare 2020 rates on select codes

- Additionally, Medicaid opened three codes within its fee schedule related to COVID-19
  - CPT 99401 – counseling COVID-19 vaccination; pays $28.29
  - CPT 87428 – antigen detection by immunoassay COVID-19 & flu A & B; pays $67.08
  - CPT 87811 – immunoassay for COVID-19 using visual observation; pays $41.38

- Medicaid is working on loading COVID-19 vaccine and vaccine administration codes for children ages 5-11 years of age: 91307 is reported for the vaccine product authorized for use in children aged 5 through 11 years; vaccine administration is 0071A for the 1st dose and 0072A for 2nd dose.

Codes, CMO Procurement & Downcoding

- **ICD 10 Z codes** – "... *the reporting of secondary ICD-10-CM codes to explain the increased complexity caused by the SDOH will be important so payers know the whole story*."
- Social Determinants of Health Assessments – Hunger Vital Sign™; IHELPP, or Pediatric ACEs and Related Life-events Screener (PEARLS)
- **Screening Brief Intervention & Referral to Treatment (SBIRT)** – Reporting time to address a positive finding in a screening: CPT code 99408 for 15 – 30 mins. and 99409 for > 30 mins.; Medicaid pays $33.41 and $65.51 for these codes.
- **Procurement Update** – The Ga Dept. Community of Health announced its procurement process to identify Medicaid Care Management Organizations (CMOs); this Suppliers' Library note key focus areas for comments on this new contract.

- **Downcoding/Leveling of Care**– The Chapter is having ongoing discussions about this issue with Peach State Health Plan and Amerigroup; appealing a claim would appear to be cost prohibitive. Additionally, this practice of changing the reported code, indirectly changes the medical record of the visit.

CPT® Category I New and Revised Vaccine Codes (Including Incorporation of ACIP Abbreviations Listing) Long Descriptors

Most recent changes to the CPT® Category I New and Revised Vaccine Codes Long Descriptor document

- Addition of a space between "0.25" and "mL" in the descriptor for code 90689.
- Addition of one new code, 90689, accepted by the CPT Editorial Panel at the May 2018 meeting

The following Vaccine code was accepted at the May 2018 CPT Editorial Panel meeting for the 2019 CPT production cycle. These codes are effective on January 1, 2019 following the six month implementation period which begins July 1, 2018.

Code	Long Code Descriptor	Released to AMA website	Effective	Publication
✓ ●90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use	July 1, 2018	January 1, 2019	CPT® 2019

FDA Approval Notifications

These revisions follow notification that this product had been granted FDA approval status on the date indicated. Code 90750 was originally published in CPT 2018.

Code	Long Code Descriptor	Released to AMA website	FDA Approval	Publication
#●90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	November 6, 2017	October 20, 2017	CPT® 2019

These revisions follow notification that this product had been granted FDA approval status on the date indicated. Code 90739 was originally published in CPT 2013.

Code	Long Code Descriptor	Released to AMA website	FDA Approval	Publication
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	November 20, 2017	November 9, 2017	CPT® 2019

AMA
Unique CPT codes approved for COVID-19 immunizations
(updated March 23, 2023)

The CPT Editorial Panel has approved addition of 59 Category I codes (0001A , 0002A , 0003A , 0004A , 0011A , 0012A , 0013A , 0021A , 0022A , 0031A , 0034A , 0041A , 0042A , 0044A , 0051A , 0052A , 0053A , 0054A , 0064A , 0071A , 0072A , 0073A , 0074A , 0081A , 0082A , 0083A , 0091A , 0092A , 0093A , 0094A , 0104A , 0111A , 0112A , 0113A , 0124A , 0134A , 0144A , 0154A , 0164A , 0173A , 0174A , 91300 , 91301 , 91302 , 91303 , 91304 , 91305 , 91306 , 91307 , 93108 , 91309 , 91310 , 91311 , 91312 , 91,313 , 91314 , 91315 , 91316 , 91317), revised guidelines and parenthetical notes, and updated Appendix Q.

Accepted addition of a new code (0174A). This code is intended for a Pfizer vaccine for children 6 months to 4 years as a bivalent booster after three doses of existing COVID vaccine product code (91308). Appendix Q has been updated to reflect this new information.

Code 0174A was published on March 17, 2023, and received Emergency Use Authorization from the Food and Drug Administration on March 14, 2023.

These CPT codes, developed based on extensive collaboration with Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC), are unique for each of four coronavirus vaccines as well as administration codes unique to each such vaccine and dose. The new CPT codes clinically distinguish each COVID-19 vaccine for better tracking, reporting and analysis that supports data-driven planning and allocation.

Adding National Drug Codes (NDC) to Claims

- Medicaid plans and private payers may require the inclusion of a vaccine product's National Drug Code (NDC) on your claim line for each vaccine product. This can be a bit confusing if the product is labeled with a 10-digit NDC, as HIPAA requires that NDC have 11-digits. To correctly report the NDC in the HIPPA format, you may have to translate the NDC.

  The common format for submitting an NDC is a number that, if hyphenated, would appear in a 5-4-2 format. Some drug products are labeled in 4-4-2, 5-3-2, or 5-4-1 formats. To change these codes to the 11-digit format, a zero is placed within the product code to create the 5-4-2 format.

Here are some examples showing addition of a zero to create this format:

10-DIGIT NDC	11-DIGIT NDC
4444-4444-22	04444-4444-22
55555-333-22	55555-0333-22
55555-4444-1	55555-4444-01

Influenza Vaccines for 2022-2023 Season

TABLE 1. Influenza vaccines — United States, 2022–23 influenza season*

Trade name (manufacturer)	Presentations	Age indication	μg HA (IIV4s and RIV4) or virus count (LAIV4) for each vaccine virus (per dose)	Route	Mercury (from thimerosal, if present), μg/0.5 mL
IIV4 (standard-dose, egg-based vaccines†)					
Afluria Quadrivalent	0.5-mL PFS§	≥3 yrs§	15 μg/0.5 mL	IM¶	—**
(Seqirus)	5.0-mL MDV§	≥6 mos§ (needle and syringe) 18 through 64 yrs (jet injector)	7.5 μg/0.25 mL 15 μg/0.5 mL	IM¶	24.5
Fluarix Quadrivalent (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	15 μg/0.5 mL	IM¶	—
FluLaval Quadrivalent (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	15 μg/0.5 mL	IM¶	—
Fluzone Quadrivalent (Sanofi Pasteur)	0.5-mL PFS††	≥6 mos††	15 μg/0.5 mL	IM¶	—
	0.5-mL SDV††	≥6 mos††	15 μg/0.5 mL	IM¶	—
	5.0-mL MDV††	≥6 mos††	7.5 μg/0.25 mL 15 μg/0.5 mL	IM¶	25
ccIIV4 (standard-dose, cell culture–based vaccine)					
Flucelvax Quadrivalent	0.5-mL PFS	≥6 mos	15 μg/0.5 mL	IM¶	—
(Seqirus)	5.0-mL MDV	≥6 mos	15 μg/0.5 mL	IM¶	25
HD-IIV4 (high-dose, egg-based vaccine†)					
Fluzone High-Dose Quadrivalent (Sanofi Pasteur)	0.7-mL PFS	≥65 yrs	60 μg/0.7 mL	IM¶	—
aIIV4 (standard-dose, egg-based vaccine† with MF59 adjuvant)					
Fluad Quadrivalent (Seqirus)	0.5-mL PFS	≥65 yrs	15 μg/0.5 mL	IM¶	—
RIV4 (recombinant HA vaccine)					
Flublok Quadrivalent (Sanofi Pasteur)	0.5-mL PFS	≥18 yrs	45 μg/0.5 mL	IM¶	—
LAIV4 (egg-based vaccine†)					
FluMist Quadrivalent (AstraZeneca)	0.2-mL prefilled single-use intranasal sprayer	2 through 49 yrs	$10^{6.5-7.5}$ fluorescent focus units/0.2 mL	NAS	—

Abbreviations: ACIP = Advisory Committee on Immunization Practices; FDA = Food and Drug Administration; HA = hemagglutinin; IIV4 = inactivated influenza vaccine, quadrivalent; IM = intramuscular; LAIV4 = live attenuated influenza vaccine, quadrivalent; MDV = multidose vial; NAS = intranasal; PFS = prefilled syringe; RIV4 = recombinant influenza vaccine, quadrivalent; SDV = single-dose vial.

https://www.aapc.com/blog/86020-flu-vaccine-codes-and-payments-effective-aug-1/

SOURCE: Available Influenza Vaccines 2022-23, CDC

Frequently Asked Questions

Is there only a single code in the ICD-10-CM for vaccines as opposed to the more specific codes in ICD-9-CM?

Answer: Yes, there is only one code (Z23) to report for any vaccine encounter, regardless of what was administered.

Frequently Asked Questions

Do we need to report the Z23 code in addition to the health exam codes for children (Z00.121 or Z00.129)?

Answer: Yes, in the parentheses under Z23 it states "Code first any routine childhood examination."

Frequently Asked Questions

Do I report multiple Z23 codes if there is more that one vaccine given? And do I link to both the CPT code for the product and the administration?

Answer: You will only report Z23 once per encounter regardless of the number of vaccines given on a single encounter. Yes, you will link both the CPT code for the product and the administration to the Z23.

Practice Management

Immunization Administration Medicare RVUs

2019 Medicare Relative Value Units for Immunization Administration

CPT code and description	Physician Work RVUs	Practice Expense RVUs (Non-Facility)	Professional Insurance Liability RVUs	Total RVUs (Non-Facility)	Total RVUs x 2019 Medicare conversion factor ($36.04) = Medicare Amount (Non-Facility)
90460 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component *	0.17	0.29	0.01	0.47	$16.94
90461 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component *	0.15	0.20	0.01	0.36	$12.97
90471 Immunization administration, one injection **	0.17	0.29	0.01	0.47	$16.94
90472 Immunization administration, each additional injection**	0.15	0.20	0.01	0.36	$12.97
90473 Immunization administration by intranasal/oral route, first administration**	0.17	0.29	0.01	0.47	$16.94
90474 Immunization administration by intranasal/oral route, each additional vaccine **	0.15	0.20	0.01	0.36	$12.97

To Do List

- Use coding and billing resources.

- Perform quarterly review of Health Check manual on web portal.

- Track denials and work them in a timely manner.

- Continue to train billing and other staff members — advanced classes and classes for specialties are available for coders.

- Check for policy changes on the websites of every major payer monthly. Designate a staff member!

Questions & Discussion

YOU ARE ALL PART OF THE TEAM THAT CAN

MAKE SURE YOUR PATIENTS RECEIVE THE

IMMUNIZATIONS THEY NEED!

It's a Team Effort!

High immunization rates begin with a team designed plan!

What can your team do to improve rates?

AAP Coding Resources ICD-10

- Principles of Pediatric ICD-10-CM Coding
- Pediatric Code Crosswalk: ICD-9-CM to

  ICD-10-CM
- ICD-10-CM Pediatric Office Superbill
- Pediatric Coding Newsletter-Top 25 Pediatric Diagnoses ICD-10

- www.aap.org/coding/ICD10

AAP Coding Resource

AAP coding hotline offers reviews by certified coders

An AAP member benefit where members/their staff can submit coding and payment issues for review by certified coders. AAP staff work to assist not only with correct coding, but help with payer denials. The AAP encourages all members to utilize this free, official resource for answers to coding questions. The coding hotline is the hub for all payer issues as well. Contact the hotline at aapcodinghotline@aap.org.

AAP Hassle Factor Form – submit coding and payment issues directly

https://www.jotform.com/form/201206870979058

Subscribe to the AAP Coding Newsletter

Other Coding Resources

GPPMA Listserve

PPMA Listserve

AAP/Bright Futures "Coding for Preventative Care"

https://www.cdc.gov/vaccines/imz-managers/index.html

Immunize.org

AMA

SAHM

https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/vaccine-administration.html

Other Practice Management organization websites (PAHCOM, MGMA)

Other EPIC programs for your office

- EPIC Immunization Programs
  - Childhood (Birth-18yrs.)
  - Adult (19yrs.-Senior)
  - Combo (Childhood/Adult) (Birth-Senior)
  - Adolescent Immunizations
  - Improving HPV Vaccination Rates in Your Practice
  - Women's Health (OB/Gyn practices)
  - VACCINE HESITANCY The Need for Communication in Pediatric Practice
- EPIC Breastfeeding Programs
  - Breastfeeding Fundamentals
  - Supporting Breastfeeding in the Hospital
  - Advanced Breastfeeding Support

To schedule a program: Contact EPIC Office

404.881.5054 – Immunization

404.881.5068 – Breastfeeding

Or visit our website: www.GaEPIC.org

Claim Form

Claim Form

Insert client/patient information in this section of the form.

Claim Form

Enter diagnosis codes along with any other diagnoses relevant to the patient's episode of care on this date of service.

Claim Form

Enter the CPT codes for vaccines administered and the CPT code for E/M services provided.

Claim Form

Include any necessary modifiers for proper claims processing.

Claim Form

Enter the Diagnosis letter assignment that goes with the specific CPT code.

Claim Form

Insert NPI number for individual provider rendering services.

Claim Form

Tax Identification number and NPI number are needed for billing.